

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000000716

1. Entity Name  
SEAHORSE LANDING CONDOMINIUM ASSOCIATION,  
INC.



FILED

06 OCT 18 AM 10:26

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4050 G ST.  
CEDAR KEY, FL 32625 US

Mailing Address  
4050 G ST.  
CEDAR KEY, FL 32625 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052006 REIN-NP

CR2E099 (11/05)

06

City & State

City & State

4. FEI Number  
59-3325575

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLER MADY  
2144 LAKESIDE DR. EAST  
FERNANDINA BEACH, FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Eller Mady*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$61.25  
After January 1, 2007, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BUDNICK, EDWARD  
STREET ADDRESS 398 E EVERGREEN AVENUE  
CITY-ST-ZIP PHILADELPHIA, PA 19118

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME MADY, ELLEN  
STREET ADDRESS 2144 LAKESIDE DRIVE EAST  
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME WARREN, EARL  
STREET ADDRESS 6659 SCOTLAND CIRCLE  
CITY-ST-ZIP CUMMING, GA 30041

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME KUSHNER, HERB  
STREET ADDRESS 24 SALT HILL CT.  
CITY-ST-ZIP LUTHERVILLE TIMONIUM, MD 21093

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VP  
NAME ROULEAU, DAVE  
STREET ADDRESS 1123 ASHBOURNE CIRCLE  
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Earl Warren*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-7-06

Date

770-205-9246

Daytime Phone